



Employment Application (Please Print or Type)

We appreciate your interest in our City and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. The City is an equal opportunity employer and performs all phases of personnel activity without regard to race, color, religion, sex, age, disability, marital status, politics or national origin.

Position Title _____ Social Security Number _____

Name _____
Last First Middle (Maiden)

Present Address _____
Street City State Zip

Mailing Address _____
(if different) # Street City State Zip

How long have you lived at your present address? _____ Phone (____) _____

Previous Address _____ How long did you live there? _____
City State

Do you have relatives employed by the City of Leesburg? Yes ____ No ____ If yes, give name,
relationship and department where they are currently employed _____

Have you ever pled No Contest to or been convicted of a felony or first degree misdemeanor? _____
If yes, explain fully. Conviction will not necessarily disqualify an applicant from employment, but will be
weighed on its own merit with respect to time, circumstances, seriousness and the position for which you
have applied.

Can you work: Full Time ____ Part Time ____ Specify days and hours _____

Can you work shifts? Yes ____ No ____ Are you claiming Veterans Preference? Yes ____ No ____

Have you ever worked for the City of Leesburg? Yes ____ No ____

If yes, give employment date(s) _____

Employing department(s) _____ Position(s) _____

FOR OFFICE USE ONLY

Class ____ Number ____ Expiration ____

In case of emergency notify _____
name relationship

Address _____ Phone (____) _____
Street City State Zip

If your application is considered favorably, on what date will you be available for work? _____

List the job related skills you possess _____

Do you possess a valid drivers license? Yes ____ No ____ Issued by what state? _____

Drivers license type: Non-Commercial ____ CDL ____ Class ____ Expiration Date _____

List any endorsements _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
Elementary	_____		5 6 7 8		
High	_____		1 2 3 4	Y / N	
College	_____		1 2 3 4	Y / N	
Other	_____		1 2 3 4	Y / N	

CERTIFICATION	CERTIFICATION NUMBER	TYPE	EXPIRATION DATE

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes ____ No ____ If yes, what branch? _____

Dates of duty: from _____ to _____ Rank at discharge _____

Duties in service including special training _____

PERSONAL REFERENCES (not former employees or relatives)

NAME & OCCUPATION	ADDRESS (CITY & STATE)	DAYTIME PHONE WITH AREA CODE
_____	_____	
_____	_____	
_____	_____	

EMPLOYMENT HISTORY

Please list all employment past and present including volunteer experience (temporary and part time).

Account for all periods, including unemployment and service in the armed forces.

If you were employed under a different name, please enter the name in the right hand margin.

BEGIN WITH YOUR MOST RECENT OR PRESENT EMPLOYER

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code _____	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code _____	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name _____ Address _____ _____ Phone with area code	From: To:			

May we contact the employers listed above? _____ If we may not contact all employers listed, please indicate by name which one(s) you do not wish us to contact and why:

The facts set forth in this application for employment are true and correct. I understand that if employed, false statements on the application shall be considered sufficient cause for dismissal.

Applicant's Signature

Date

VETERAN'S PREFERENCE SUPPLEMENT

Supplement to employment application Veterans' Preference in Appointment and Retention in Employment Rule, Chapter 55A-7 of the Florida Administrative Code.

Do you wish to claim Veterans' Preference in accordance with the above captioned rule?

Yes ____ No ____

If yes, please complete the following questions, date and sign this supplement
If no, please check no, date and sign this supplement.

Have you claimed veterans' preference with an employer since October 1, 1987?

Yes ____ No ____

Were you employed by the City of Leesburg prior to entering the military service?

Yes ____ No ____

Have you been employed by any State, County, City, agency or public subdivision of the State since leaving military service?

Yes ____ No ____

If yes, name and address of employer: _____

Dates of employment (from) _____ (to) _____

Are you a disabled veteran who has served on active duty and who has a presently existing service connected disability which is compensable under public law administered by the Veterans Administration?

Yes ____ No ____

Are you a veteran who has served at least one day during a wartime period as defined in Chapter 295.07 Section 1.01?

Yes ____ No ____

The dates of my military service were from _____ to _____.

The branch of my military service was _____.

Were you separated from the military service of the United States with an honorable discharge?

Yes ____ No ____

Were you ever classified by any branch of the armed forces of the United States as a deserter?

Yes ____ No ____

Are you the spouse of any person who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment?

Yes ____ No ____

Are you the spouse of any person who is missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in the line of duty by a foreign government or power?

Yes ____ No ____

Are you the unremarried widow or widower of a veteran who died of a service-connected disability?

Yes ____ No ____

I understand that an applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with the aforementioned rule, may file a complaint with the Florida Division of Veterans Affairs, PO Box 1437, St. Petersburg, FL 33731 requesting an investigation. When notice of a hiring decision is given by a covered employer, the complaint shall be filed within 21 calendar days from the date the notice is received by the applicant. I further understand that if the Florida Division of Veterans Affairs finds the complaint to be valid and the complainant and the employer fail to reach a satisfactory resolution, the complainant may petition the Public Employees Relations Commission for a hearing.

I understand when claiming veterans' preference I am responsible for providing required documentation at the time of making application for a vacant position. Documentation for veterans' preference shall include the following:

1. Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense document commonly known as form DD214 or military discharge papers or equivalent certification for the Veterans Administration listing military status, date of service and discharge type.
2. Disabled veterans shall also furnish a document from the Department of Defense, the Veterans Administration or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.
3. Spouses of disabled veterans shall also furnish either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
4. Spouses of persons on active duty shall furnish a document from the Department of Defense or the Veterans Administration certifying that the person on active duty is listed as missing in action, captured in the line of duty or forcibly detained or interned in the line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is not remarried.
5. The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.
6. Spouses of persons eligible to claim preference under Section 55A-7.008(2) shall furnish certification from the Veterans Administration that the veteran has a service-connected disability.
7. All documents specified in the section must clearly indicate that they are originals or certified copies of originals.

Applicant's Signature

Date

****All applicants must sign acknowledging availability of the Veterans' Preference employment policy.**

EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place policy has been adopted by the City of Leesburg in accordance with Section 440.102, Florida Statutes.

It is the policy of the City of Leesburg to ensure a drug-free work place. Employees are required to refrain from the use of drugs and from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. The employee or job applicant who refuses to submit to a drug test, the City shall not be barred from discharging or disciplining the employee, or from refusing to hire the job applicant.

Certain employees of the City of Leesburg fall within the purview of the collective bargaining agreements between the City and the Professional Firefighters of Leesburg. The relevant articles in these bargaining agreements shall prevail in the cases of conflict between this policy and the bargaining agreements until such time as the bargaining agreements expire. An employee who is disciplined may pursue any applicable remedy or appeal pursuant to the agreements with the Public Employees Relations Commission, the City or an applicable court.

The City will conduct the following types of drug tests as authorized by Florida Statutes and pursuant to City Policy: Job Applicant Testing; Reasonable Suspicion Testing; Routine Fitness for Duty Testing; and Follow-Up Testing. Certain departments/positions are governed by the Department of Transportation 49 CFR Part 199 and 49 CFR Part 40 regulations and the Federal Highway Administration 49 CFR Parts 382 and 391 and are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the City before or after being tested by a signed, dated letter to his/her department supervisor or the Human Resources Director, as the case may be. A list of the most common medications which may alter or affect a drug test may be obtained from the office of the Human Resources Director.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee's or job applicant's responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the City contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through the City Human Resources Office.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the City through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceeding, except in accordance with Section 440.102, Florida Statutes; in determining compensability under Chapter 440, Florida Statutes, or pursuant to Florida's Public Records Act.

The following is a list of the drugs for which the City may be test, described by brand names or common names, as applicable, as well as by chemical names:

DRUGS

TRADE OR COMMON NAMES

Alcohol

Narcotics

Opium
Morphine
Codine

Dover's Powder, Paregoric, Parepectolin
Morphine, Pectoral Syrup
Tylenol with Codeine, Empirin Compound with Codeine,
Robitussin A-C
Diacetylmorphine, Horse, Smack
Dilaudid
Demeoral, Mepergan
LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl,
Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate
Barbiturates
Benzodiazepines

Noctec, Somnos
Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate
Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax,
Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril
Quaalude
Doriden
Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants

Cocaine
Amphetamines
Phenmetrazine
Methylphenidate
Other Stimulants

Coke, Flake, Snow, Crack
Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric
Preludin
Ritalin
Adipex, Barcarate, Cylert, Didrex, Ionamin, Pelgine, Pre-Sate,
Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD
Mescaline and Peyote
Amphetamine, Variants
Phencyclidine
Phencyclidine Analogs
Other Hallucinogens

Acid, Microdot
Mexc, Buttons, Cactus
2, 5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB
PCP, Angel Dust, Hog
PCE, PCPy, TCP
Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana
Tetrahydrocannabinol
Hashish
Hashish Oil

Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks
THC
Hash
Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACKNOWLEDGE THAT THE CITY OF LEESBURG IS A DRUG-FREE WORKPLACE.

Applicant's Signature

Date

PERMISSION FOR JOB BACKGROUND INVESTIGATION AND RELEASE FORM FOR CONSUMER REPORTS

I, the undersigned Applicant, agree and authorize the City of Leesburg to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that the City of Leesburg will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any part or agency contacted by the City of Leesburg to furnish the above-mentioned reports at any time during my employment with the City of Leesburg.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with the City of Leesburg.

Print your name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License - State: _____ Number: _____

For Identification Purposes:

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Race: _____ Gender _____

Other or former names: _____

Professional License - State: _____ Type: _____ Number: _____

Applicant's Signature

Date Signed

Witness Signature

Printed Witness Name